## CALIFORNIA'S NON-NAME BASED HIV REPORTING PROCESS

## Health Care Provider

- -Completed Adult or Pediatric HIV/AIDS' Confidential Case Report form which must include, among other information:
- Non-Name Code (Partial Non-Name Code <u>plus</u> last 4 digits of the SSN)

Along with specimen:

- -Patient's last name
- -Complete date of birth (DOB)
- -Gender
- -Date specimen was collected
- -Name, address, phone no. of provider and facility where services were rendered, if different



Along with confirmed HIV test:

- -Partial Non-Name Code (Soundex, DOB, gender)
- 3.

Laboratory

- -Partial Non-Name Code
- -Date specimen was tested
- -Name, address, phone no. of provider
- -Name, address, phone no. of the lab
- -Lab results of the test performed
- -Laboratory report number as assigned by the laboratory

## **Local Health Department**

4.

Submits unduplicated HIV cases with a completed HIV/AIDS Confidential Case Report form using the Non-Name Code

Department of Health Services, Office of AIDS

**5.** 

Submits aggregate HIV case data (without the Non-Name Code)

**Centers for Disease Control and Prevention**